STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES
OFFICE OF CONSUMER AFFAIRS
CORDELL HULL BUILDING, THIRD FLOOR
425 5TH AVENUE NORTH
NASHVILLE, TENNESSEE 37243

TENNESSEE CERTIFIED PEER SPECIALIST Application

Name *(please print)* _____

Address _____

City_____ **State**_____ **ZIP**_____

Phone (_____) _____-_____ **Work (_____)** _____-_____

Email _____

1) The Office of Consumer Affairs requires a minimum of a high-school diploma or GED. Do you have a high-school diploma or GED? If yes, please attach a copy.

Yes ☐ **No** ☐

2) Are you employed by an agency that is licensed by TDMHDD and under the general supervision of a mental health professional in accordance with acceptable guidelines and standards of practice as defined by the State?

Yes ☐ **No** ☐

If yes, please have your immediate supervisor complete and return the attached Employment Summary Form to the Office of Consumer Affairs.

3) Have you been diagnosed with a mental illness or co-occurring disorder by a physician or psychologist?

Yes ☐ **No** ☐

4) Is your primary diagnosis by a physician or psychologist a substance abuse disorder?

Yes ☐ **No** ☐

5) Have you self-disclosed that you are a recipient of mental health or co-occurring disorder services as well as identified yourself as a person who has received or is receiving mental health or co-occurring disorder services?

Yes ☐ **No** ☐

6) In the last two (2) years, have you demonstrated a minimum of twelve (12) consecutive months in self-directed recovery (self-directed recovery must show experience in leadership, advocacy, and peer support)?

Yes ☐ **No** ☐

7) Have you demonstrated successful completion of at least one (1) the evidence-based and/or best practice Peer Support Specialist Training Programs recognized by the TDMHDD? If yes, please attach a copy of the certificate(s) of completion.

Yes ☐ **No** ☐

8) If you successfully completed the BRIDGES Teacher Training and received a certificate of completion, have you taught at least one (1) complete class annually?

Yes ☐ **No** ☐

If yes, date of the last class taught _____

9) Have you worked with adults diagnosed with mental illness or co-occurring disorders for at least 75 hours (paid or volunteer) as a peer counselor, support group leader or peer educator?

Yes ☐ **No** ☐

10) Indicate below the paid (P) or volunteer (V) experiences you have had in working with other adult peers who are recipients of mental health or co-occurring disorder services:

a) Peer Counselor Months _____ Years _____ P / V

Agency _____

Phone Number (_____) _____ - _____

Position Held_____

Briefly Describe Your Work Responsibilities: _____

_____

Supervisor's Name_____

Phone Number (_____) _____ - _____

b) Support Group Leader Months ____ Years _____ P / V

Agency _____

Phone Number (_____) _____ - _____

Position Held _____

Briefly Describe Your Work Responsibilities: _____

_____

Supervisor's Name _____

Phone Number (_____) _____ - _____

c) Peer Educator Months _____ Years _____ P / V

Agency _____

Phone Number (_____) _____ - _____

Position Held _____

Briefly Describe Your Work Responsibilities: _____

_____

Supervisor's Name _____

Phone Number (_____) _____ - _____

My signature below gives permission for the Tennessee Department of Mental Health Developmental Disabilities, Office of Consumer Affairs to use my name, my certification status, and/or the name of employer.

My signature also affirms that all of the information contained in this application packet is true and correct to the best of my knowledge and has been completed by no other person. I understand that knowingly providing false information will be grounds to deny or terminate my certification.

Applicant's Signature _____ Date _____